

APPLY FOR DEATH AND TPD INSURANCE



SUPER SA
contributing to your future

Please complete all the details on this form in **BLOCK LETTERS** using a **BLACK PEN** and return the signed **ORIGINAL** to Super SA.

1. Personal Details

Account ID

Mr Ms Miss Mrs Dr Prof

Surname

Given name(s)

Residential address

Postcode

Postal address (if different from above)

Postcode

Date of birth / /

Email*

Telephone*(M)

(W)

(H)

* By providing your email address and/or telephone number(s) you are agreeing to receive, from Super SA, or an organisation on behalf of Super SA, marketing communications including newsletters, announcements, invitations or surveys. You may opt out of these marketing communications at any time by updating your communication preferences in our online member portal or by contacting Super SA. If you opt out of marketing communications, you will still receive any important account information from us.



Additional units may be subject to limitations.

Complete this form if you wish to apply for Triple S Death and Total & Permanent (TPD) Insurance.

Please note:

Members are no longer able to apply for units of Fixed Insurance cover (closed to new applications since November 2014).

2. Employment Details

Occupation

Are you employed as an operational Ambulance employee?

Yes No

Are you employed as a Police Officer? Yes No

If you are employed as a Police Officer or operational Ambulance employee, you must maintain an equivalent minimum of six (6) Standard Insurance units to age 65.

Employment status

Full-time Part-time Casual

Note: If you are a casual employee you need to work at least nine hours per week, or for periods that average nine hours or more per week over a three-month period, to be eligible to buy additional units. You are not required to have insurance and can cancel it by completing and returning a *Cancel Death and TPD Insurance* form

3. Level of insurance for Death and Total & Permanent Disablement

The maximum value of insurance you can have is:

- \$1,500,000 if you are a full or part-time employee
- \$750,000 if you are a casual employee.

Please refer to the Triple S Death and TPD & Death Only Insurance fact sheet for further information on levels of cover per unit.

I require a **total number of Standard unit(s)** of cover:

The value of a unit of Standard Insurance is based on your age.

1 2 3 4 5 6 7 8

9 10 11 Other (please state) _____

OR

I require a **total number of Fixed Benefit Insurance unit(s)** of cover:

Each Fixed Benefit Insurance unit has a value of \$10,000.

1 2 3 4 5 6 7 8

9 10 11 Other (please state) _____



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4. Personal Statement

You are required to complete this Personal Statement regarding your health. If you need more space please attach additional pages.

1. **Height:** _____ cm **Weight:** _____ kg

2. Are you, or have you been, a smoker or used¹ any sort of tobacco product² in the last 5 years?

Yes No

3. Do you have an illness/medical condition(s)³ or disability?

Yes No (If no, please proceed to question 7)

4. What is the exact nature of the illness/medical condition(s)³ or disability?

If more than one condition, please attach additional information.

5. a) When did you first suffer from the above illness/medical condition(s)³ or disability?

b) Have you had any recurrence or symptoms arising from the illness/medical condition(s)³ or disability?

Yes No

c) Is/are the illness/medical condition(s)³ or disability getting worse?

Yes No

6. a) Are you still receiving treatment (including medication) for the illness/medical condition(s)³ or disability?

Yes No

If Yes, please give details:



Please ensure that **all the sections** of this form have been completed including:

- your height and weight and
- details of your doctor(s).

Incomplete sections will cause delays in processing.

¹ Use of tobacco includes smoking, chewing or sucking of a tobacco product or any other activity involving the consumption of a tobacco product.

² A tobacco product means a cigarette, cigar, cigarette or pipe tobacco, tobacco prepared for chewing or sucking, or snuff.

³ A 'medical condition' is any disease, injury, disability, disorder, syndrome, infection, behaviour and atypical variations of structure and function that impact on or affect the physical and/or mental condition, and impairs normal function.

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b) What was the nature of any treatment?:

7. a) Have you ever consulted a doctor about some other illness/medical condition(s)³ or disability which is not an existing medical condition?

Yes No

If Yes, please give details:

b) What was the exact nature of the illness/medical condition(s)³ or disability?

If more than one condition, please attach additional information.

c) When did you first suffer from the above illness/medical condition(s)³ or disability?

d) Have you had any recurrence or symptoms arising from the illness/medical condition(s)³ or disability?

³ A 'medical condition' is any disease, injury, disability, disorder, syndrome, infection, behaviour and atypical variations of structure and function that impact on or affect the physical and/or mental condition, and impairs normal function.

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e) What was the nature of the treatment?

8. Have you ever had any surgical procedures in relation to any illness/medical condition(s)³ or disability?

Yes No

If Yes, please give details:

9. Do you intend to seek any medical advice or treatment in the next 6 months?

Yes No

If Yes, please give details:

10. Are you taking any medications?

Yes No

If Yes, please give details:

³ A 'medical condition' is any disease, injury, disability, disorder, syndrome, infection, behaviour and atypical variations of structure and function that impact on or affect the physical and/or mental condition, and impairs normal function.



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5. Doctor's Details

Please provide the name(s) of doctor(s) for your most recent consultation.

This section must be completed in all cases.

Doctor's name

Doctor's address

Date of last consultation / /

Reason for consultation

Outcomes

Doctor's name

Doctor's address

Date of last consultation / /

Reason for consultation

Outcomes

Doctor's name

Doctor's address

Date of last consultation / /

Reason for consultation

Outcomes

Doctor's name

Doctor's address

Date of last consultation / /

Reason for consultation

Outcomes

Turn over and sign the Member Declaration section. Incomplete sections will cause delays in processing.



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6. Member Declaration

- I understand that I am required to provide all information relating to medical advice, examination or treatment received by me and all information as to any illness/medical condition(s)³ or disability suffered by me, or any symptoms suffered by me that may indicate an illness/medical condition(s)³ or disability.
- I understand that an insurance entitlement may be reduced or not payable if the cause of my death or disability is caused wholly or partly by a pre-existing illness/medical condition(s)³ or disability, or an illness/medical condition(s)³ or disability arising out of a pre-existing illness/medical condition(s)³ or disability, or a prescribed activity.
- I understand that non-disclosure will result in my insurance entitlement being withheld, reduced or declined.
- I authorise any hospital, doctor or other person who has treated or examined me to provide Super SA with any further information or medical reports on my illness/medical condition(s)³ or disability, or injury, medical history, consultations, prescriptions or treatment. A photocopy of this authorisation is as valid as the original.
- I understand that Super SA and its medical adviser(s) will use this information for the purpose of considering my application for insurance.
- I understand I will have to pay the cost of providing any medical evidence to support my application.
- I understand that the *Southern State Superannuation Regulations 2009* prescribe the Triple S insurance arrangements.
- I acknowledge providing false or misleading information is an offence under the *Southern State Superannuation Act 2009*.

Casual Employee Declaration

- If I am a casual employee I declare that I work at least nine hours per week or for periods that average nine hours or more per week over a three-month period.

Signature: ✕

Date: / /

³ A 'medical condition' is any disease, injury, disability, disorder, syndrome, infection, behaviour and atypical variations of structure and function that impact on or affect the physical and/or mental condition, and impairs normal function.

Please ensure that all the sections of this form have been completed including:



- your height and weight and
- details of your medical practitioner(s).

Incomplete sections will cause delays in processing. If you fail to disclose any relevant information, your insurance entitlement may be withheld, reduced or declined.

Contact us

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